**Breakout Session 7: Track A** 

Making Parkinson's Disease Data AI-Ready for Cloud-Outsourced Machine Learning Research with Differential Privacy

> Dr. Shigang Chen Professor, University of Florida



# **Project Title: SCH: Enabling Data Outsourcing and Sharing for AI-powered Parkinson's Research**

**NOT-OD-22-067 Supplement Title:** Making Parkinson's Disease Data Al-Ready for Cloud-Outsourced Machine Learning Research with Differential Privacy

**Presenter and PI: Shigang Chen, University of Florida** 

# Summary of the Main Project



Outsource medical data and Al training to cloud

Data privacy ? Homomorphic encryption Secure multiparty computation Differential privacy Federated model training



#### Data masking and masked model training

**Research Aim 1:** Experimental studies of building cloud-based masked ANN (artificial neural network) models for PD (Parkinson's disease) quality-of-life prediction and parkinsonism classification

**Research Aim 2**: Theoretical studies on data privacy, inference accuracy, and training performance of cloud-based masked ANN models

# Summary of the Supplement Project

Theoretical Extension: From matrix masking under an in-house privacy model to matrix masking plus noise addition under the well-accepted differential privacy model

Experimental Extension: From training Parkinson's diagnosis model based on matrix-masked data to training Parkinson's diagnosis model based on differentially private masked+noised data

Privacy-protected Al-ready Data: Transforming patient data with matrix masking and noise addition for outsourced deep learning in the cloud

# **Achieving Differential Privacy**

Matrix Masking: Y = A X, achieving statistical data privacy [1, 2]

Noise Addition: Y = A + C, where  $\mathbf{C} \sim NI_{n \times p}(0, \sigma^2)$ , achieving differential privacy with noise level

$$\sigma \ge \frac{\bar{\gamma}_{\delta}}{\varepsilon} (1 + \frac{1}{2\bar{\gamma}_{\delta}^2})$$

Matrix Masking + Noise Addition: Y = A (X + C) or Y = AX + C, where  $\mathbf{C} \sim NI_{n \times p}(0, \sigma^2)$ , achieving differential privacy with noise level

$$\sigma \geq \sqrt{\frac{2n-p+\ln(\frac{1}{\delta})}{2(n-p)}} \frac{3\sqrt[4]{p}}{\sqrt{\varepsilon}}.$$

# Achieving Differential Privacy - continue

c	S	p	n	Setting (A)	Setting (A)	Setting (B)	Ratio of	
2	0			necessary $(12)$	sufficient $(13)$	sufficient $(14)$	(13)/(14)	
0.100	0.010	1	100	23.3	25.4	6.9	4	
			10000	23.3	25.4	6.4	4	
		5	100	23.3	25.4	9.5	3	
			10000	23.3	25.4	8.9	3	
		20	100	23.3	25.4	13.1	2	
			10000	23.3	25.4	12.1	2	
	0.001	1	100	30.9	32.5	7.1	5	
			10000	30.9	32.5	6.4	5	
		<b>5</b>	100	30.9	32.5	9.8	3	
			10000	30.9	32.5	8.9	4	
		20	100	30.9	32.5	13.5	2	
			10000	30.9	32.5	12.1	3	
0.010	0.010	1	100	232.6	254.1	21.8	12	
			10000	232.6	254.1	20.2	13	
		<b>5</b>	100	232.6	254.1	30.2	8	
			10000	232.6	254.1	28.0	9	
		20	100	232.6	254.1	41.5	6	
			10000	232.6	254.1	38.3	7	
	0.001	1	100	309.0	325.2	22.4	<mark>15</mark>	
			10000	309.0	325.2	20.2	16	
		5	100	309.0	325.2	31.0	10	

**Table 1** Comparison of  $\sigma$  bounds (13) for setting (A) versus (14) for setting (B).



#### Experimental findings [3, 4]

- Using masked data to train Parkinson's disease models in cloud produces prediction accuracy close to models trained from raw patient data
- Method may be applicable to other diseases

#### **Theoretical findings**

- Difference between masked-data models and raw-data models are asymptotically bounded
- Data masking with random orthogonal transformation can achieve differential privacy with much smaller noise addition
- Data masking can work with federated learning
- Efficient data masking across multiple medical data sources is possible

# Experimental Findings - case of Y = A (X + C) or Y = A X + C

4908 patients and 11 attributes (after one-hot is 36 attributes)

sigma	0	0.1	0.3	0.5	1	1.5	2	2.5	3
Y=A(X+C)	76.56	76.03	72.73	68.92	56.65	43.44	40.93	40.89	41.1
Y=AX+C	76.84	75.79	73.28	69.69	55.48	40.05	40.05	40.05	40.09

#### 12828 patients and 50 attributes (after one-hot is 118 attributes)

sigma	0	0.1	0.3	0.5	1	1.5	2	2.5	3
Y=A(X+C)	100	100	100	100	99.38	92.59	67.84	54.86	55.33
Y=AX+C	100	100	100	100	99.35	88.46	60.85	51.71	53.16

#### Findings

- Noise level significantly affects the accuracy of the model
- Increasing the size of the training data can compensate for the increase of noise (which means better differential privacy)
- Matrix masking and large data size make it feasible to outsource differentially private data for cloud-based deep learning

# Privacy-protected Al-ready Data

We produced a privacy-protected AI-ready data set with matrix masking and noise addition.

We performed a case study to validate the feasibility of outsourcing privacy-protected data to the cloud for training diagnosis models with deep learning.

We investigated various approaches for filling in the missing data in order to increase the data size.

# Challenges

#### **Theoretical Challenge**

- The challenge was that it was very difficult to derive the noise bound of Y = A(X+C) for differential privacy and we could only derive an upper bound, which was not tight.
- We have been continuously working on this problem with a series of improving upper bounds. We suspect that the real bound is still much tighter.

#### **Experimental and Data Preparation Challenge**

- The challenge was that, in building cloud-based diagnosis models, larger noise was preferred for better privacy, yet the accuracy of the models deteriorated quickly with increasing noise.
- We addressed this issue in two ways: lowering the noise bound through theoretical work and increasing the number of usable patient records by exploring novel approaches of filling in the missing data.

# **Future Work**

#### Theoretical work

• We will continuously work on deriving a tighter noise bound, such that we can reduce the noise level and improve the model accuracy, under the same differential privacy requirement.

#### Experimental work

- We will find novel methods to improve the model accuracy for cloud-based deep learning of Parkinson's disease diagnosis.
- We will try out other datasets based on our developed privacy-preserving data sourcing methods.



medical data outsourcing and sharing

